PTO/SB/21 (04-07)

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Eth ⁸	Application Number	10/590,090 08/21/2006 John W. Copeland Krishnan S. Menon		
TRANSMITTAL	Filing Date			
FORM	First Named Inventor			
	Art Unit			
(to be used for all correspondence after initial filing)	Examiner Name	Krishnan S. Menon		
Total Number of Pages in This Submission	Attorney Docket Number	Case No. 2022		

				EN	CLOSURES	(Check all th	nat apply)			
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Typed	or printed na	ame	William D. H	lall	TINE	<i>Y 7/</i>		D	ate	September 13, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-07) Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Complete if Known oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/590,090 FEE TRANSMITTAI Filing Date 08/21/2006 For FY 2007 First Named Inventor John W. Copeland **Examiner Name** Krishnan S. Menon Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1723

TOTAL AMOUNT OF PAYMENT	(\$) \$1,700.00		Attorney Docke	t No.	Case No. 2022		
METHOD OF PAYMENT (chec	ck all that apply)						
x Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 500449 Deposit Account Name: McAfee & Taft For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
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FEE CALCULATION							
	ND EXAMINATION F NG FEES Small Entity		RCH FEES Small Entity	EXAMIN	IATION FEES Small Entity		
Application Type Fee		Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (includi Each independent claim over Multiple dependent claims		es)			Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180	
Total Claims Extra	Claims Fee (\$)	Fee	Paid (\$)		Multiple De	ependent Claims	
20 or HP = HP = highest number of total claims Indep. Claims	<u>Claims</u> <u>Fee (\$)</u>	=	Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)	
3. APPLICATION SIZE FEE If the specification and drawit listings under 37 CFR 1.5 sheets or fraction thereof.	ngs exceed 100 sheets 2(e)), the application See 35 U.S.C. 41(a)	s of parsize fe (1)(G) (r of eac	e due is \$250 (\$	6125 for sr 6(s). or fraction t	nall entity) for thereof Fee	each additional 50	
4. OTHER FEE(S) Non-English Specification,	\$130 fee (no small	entity	discount)			Fees Paid (\$)	
Other (e.g., late filing surch	arg): Issue Fee (1	400.00) and Publication	Fee (300.	00)	1700.00	

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Date September 13, 2007

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PART B - FEE(S) TRANSMITTAL

SEP 18 2007 B	this form, together w	ith applicable	or <u>Fax</u>	Mail Stop ISS Commissioner P.O. Box 1450 Alexandria, V (571)-273-288	r for Pater) 'Irginia 22 5	313-1450	/
INSTRUCTIONS his for appropriate. All inher corrected in the corrected in the corrected from the corrected f	rm should be used for transcepton or directed otherwise	smitting the ISSI Patent, advance o in Block 1, by (JE FEE and PUBLI rders and notification a) specifying a new o	CATION FEE (if of maintenance for correspondence add	required). Bl es will be m lress; and/or	ocks 1 through 5 sailed to the current (b) indicating a sep	should be completed with correspondence address sarate "FEE ADDRESS"
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/590,090 TITLE OF INVENTION: M	08/21/2006 IETHOD AND APPARATU	S FOR CONCEN	John W. Copelar TRATING A SLURF			CASE 2022	4156
APPLN. TYPE	SMALL ENTITY IS:	SUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID	ISSUE FEE	TOTAL FEE(S) DU	E DATE DUE
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MENON, KRIS	HNAN S	1723	210-785000				
Address form PTO/SB/12	lence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use	Correspondence uion form of a Customer	(1) the names of or agents OR, afte (2) the name of a registered attorne 2 registered paten listed, no name w	single firm (having y or agent) and the t attorneys or agent ill be printed.	patent attorners g as a membe	ra 2	& Taft
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5. Change in Entity Status a. Applicant claims St	MALL ENTITY status Sec.	37 CFR 1.27.	☐ b. Applicant is n	o longer claiming S	SMALL ENT	ITY status. See 37 (CFR 1.27(g)(2).
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Authorized Signature	1/CK/10mg	ST	24	Date	Septembe	r 13, 2007	
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This collection of information an application. Confidentialisubmitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virginal Alexandria, Virginal 22313-Under the Paperwork Reduction	1430.						